



# SOFLO KIDS' CAMP 2022

## ADULT VOLUNTEER PACKET & BACKGROUND APPLICATION

### COST: \$99



NAME: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ Apt#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State issued: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Marital Status: \_\_\_Never \_\_\_Married \_\_\_Divorced \_\_\_Widowed

Do you regularly attend church services? \_\_\_YES \_\_\_NO

If yes, where? \_\_\_\_\_

Are there any circumstances or patterns in your life that would make it inappropriate for you to work with minors or would compromise the integrity of the Nazarene Church? \_\_\_YES \_\_\_NO

If yes, please explain: \_\_\_\_\_

Have you ever been arrested, convicted or pleaded guilty or no contest to any crime? \_\_\_YES \_\_\_NO

If yes, please explain: \_\_\_\_\_

Have you ever been accused, charged, convicted of or committed any act of child abuse, neglect, or molestation? \_\_\_YES \_\_\_NO

If yes, please explain: \_\_\_\_\_

Please provide two (2) references below that include name, address and phone #. 1) PASTOR. 2) EMPLOYER/PROFESSIONAL

#### 1. PASTOR:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ How long has this pastor been acquainted with you? \_\_\_\_\_

#### 2. EMPLOYER or PROFESSIONAL if not employed:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ How long has this person been acquainted with you? \_\_\_\_\_

If married, NAME of Spouse: \_\_\_\_\_

If you have children, name(s) and age(s) of children: \_\_\_\_\_

List name and address of churches you have attended regularly during the past five (5) years: \_\_\_\_\_

Please list complete addresses of all counties, states, and countries you have lived in the past five (5) years: \_\_\_\_\_

Please give a brief testimony of your walk with Christ and your desire to be a counselor to children in Southern Florida: \_\_\_\_\_

Your candidness is necessary and appreciated. All information will be kept confidential.

### APPLICANT STATEMENT AND CONSENT

To the best of my knowledge, the information contained in this application is true and correct. I authorize any references and churches listed in this application, as well as appropriate government agencies, to give to representatives of the Church of the Nazarene any information (including opinions) they may have regarding my suitability and fitness for ministry with children age 17 and under (minors).

I hereby release any individual, church, employer, reference, or any other person, organization, or screening company from any and all liability for damages of whatever kind which may at any time occur to me, my family, or heirs, on account of compliance or any attempts to comply, with this authorization (except the communication of knowingly false information).

I understand that the information I have provided to obtain a background check will be at a slight monetary cost to either my church or to me. I understand that this application, all reference letters and background reports will be stored in the camp office in a locked cabinet.

I have read and agree to follow the policies and procedures set out in the Camp Handbook. This application will be kept on file and may be used at any time during my service to procure further information.

**\*PLEASE NOTE:** This consent form/application does NOT take the place of a background check. You must have a background check sent in with this form. If your employer can supply a current copy of a background check for you, we will accept it along with this registration and use it to defray the cost incurred by obtaining another background check.

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Complete and Send to:  
TRISH SPEAR  
PBN Church  
916 NE 4th Street  
Pompano Beach, FL. 33060  
954.914.3979  
tspear@pbchurch.org



# SOFLO KIDS' CAMP 2022 CAMP STAFF HEALTH RECORD

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

Are you allergic to any foods? \_\_\_ YES \_\_\_ NO

If yes, please list which ones: \_\_\_\_\_

List other dietary restrictions: \_\_\_\_\_

Are you allergic to any medications? \_\_\_ YES \_\_\_ NO

If yes, please list which ones: \_\_\_\_\_

Specify any other allergies you have: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_/\_\_\_\_/\_\_\_\_

They are good for seven (7) years. If there has been a deep puncture since the last tetanus shot, a new one should be administered.

Please circle any of the following you have or have had:

Diabetes    Epilepsy    Rheumatic Fever    Heart Trouble    Asthma

Have you been exposed to any communicable diseases in the past year? \_\_\_ YES \_\_\_ NO

If yes, which one(s)? \_\_\_\_\_

List any injuries sustained within the last three (3) months: \_\_\_\_\_

**Medications/Vitamins:** If you will be taking ANY medications/vitamins during camp, please list the medication and dosage schedule on a 3x5 index card. All medication and the index card must be turned into the Camp Nurse in a Ziploc bag upon arrival. All medication must be clearly marked and the card detailing the dosage should be enclosed in the bag.

Medication: \_\_\_\_\_ Reason: \_\_\_\_\_ Dosage \_\_\_\_\_ Time \_\_\_\_\_

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What activities should you avoid? \_\_\_\_\_

OTHER NOTES: \_\_\_\_\_



# SOFLO KIDS' CAMP 2022 PASTORAL RECOMMENDATION FORM

NAME OF SPONSOR APPLICANT: \_\_\_\_\_

CHURCH: \_\_\_\_\_ PASTOR: \_\_\_\_\_

Please complete the following based on your personal knowledge and perception.

When did you first meet the applicant? \_\_\_\_\_

Is the applicant a member of your church? \_\_\_\_\_ Since? \_\_\_\_\_

Do you personally know the applicant's testimony? \_\_\_\_\_ YES \_\_\_\_\_ NO

Has the applicant ever worked for you in a volunteer or other capacity? \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please describe your observation of the applicant interacting with children or you. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What strengths would this applicant bring to the camp? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What difficulties might the applicant have in fulfilling his/her duties? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are you willing, without reservation, for your child (or any other child for whom you are responsible) to be under the applicant's sole supervision? \_\_\_\_\_

Do you consider this applicant a positive role model for children or youth? \_\_\_\_\_

Is this applicant dependable? \_\_\_\_\_

Is this applicant truthful? \_\_\_\_\_

Is this applicant responsible? \_\_\_\_\_

Do you know of any reason why this person should not be considered for this position? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

Pastor's Signature

Complete and send to: Trish Spear  
916 NE 4th Street, Pompano Beach, FL. 33060  
tspear@pbchurch.org  
954.914.3979



# SOFLO KIDS' CAMP 2022 EMPLOYER/PROFESSIONAL RECOMMENDATION

NAME OF SPONSOR APPLICANT: \_\_\_\_\_

EMPLOYER/PROFESSIONAL NAME: \_\_\_\_\_

RELATIONSHIP TO APPLICANT: \_\_\_\_\_

Please complete the following based on your personal knowledge and perception.

When did you first meet the applicant? \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

Is the applicant a personal friend of yours? \_\_\_\_\_ YES \_\_\_\_\_ NO

Has the applicant ever worked for you in a volunteer or other capacity? \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

Please describe your observation of the applicant interacting with children or you. \_\_\_\_\_

What strengths would this applicant bring to a children's camp? \_\_\_\_\_

What difficulties do you feel this applicant may have in serving as a kids' camp counselor? \_\_\_\_\_

Would you be willing, without reservation, for your own child(ren) to be under this applicant's sole supervision? \_\_\_\_\_

Do you consider this applicant a positive role model for children or youth? \_\_\_\_\_

Is this applicant dependable? \_\_\_\_\_

Is this applicant truthful? \_\_\_\_\_

Is this applicant responsible? \_\_\_\_\_

Do you know of any reason why this person should not be considered for a kids' camp counselor position? \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

Employer/Professional Signature

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